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APPLICANTS

Dorothea Zucker-Franklin, New York, NY;

**** CONTINUING DATA *******

This appln claims benefit of 60/455,262 03/14/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 05/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Sue Weaver</i> <i>SN</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Devices and methods for removal of leukocytes from breast milk

FILING FEE RECEIVED 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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